

Women/Maternal Health

State Action Plan Table (Oregon) - Women/Maternal Health - Entry 1

Priority Need

High quality, culturally responsive preconception, prenatal and inter-conception services.

NPM

NPM 1 - Percent of women with a past year preventive medical visit

Objectives

By Oct 1, 2020 increase the percent of women with a past year preventive medical visit from 59.1% to 63.0% through improved accessibility, quality, and utilization.

Strategies

Provide TA to local grantees on well woman care strategy/measure selection, Title V plan development, and strategies/measure implementation.

Provide case-management to improve utilization of well-woman care.

Use traditional and social marketing to educate the population and promote well woman care.

Provide education/training on preconception/interconception health for providers.

Support access to well-woman care through Family Planning Clinics.

Conduct research/assessment to identify barriers to having a usual primary care provider or PCPCH and receiving well-woman care.

Use the postpartum health care visit to increase utilization of well woman visits

NOMs

NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

NOM 3 - Maternal mortality rate per 100,000 live births

NOM 4.1 - Percent of low birth weight deliveries (<2,500 grams)

NOM 4.2 - Percent of very low birth weight deliveries (<1,500 grams)

NOM 4.3 - Percent of moderately low birth weight deliveries (1,500-2,499 grams)

NOM 5.1 - Percent of preterm births (<37 weeks)

NOM 5.2 - Percent of early preterm births (<34 weeks)

NOM 5.3 - Percent of late preterm births (34-36 weeks)

NOM 6 - Percent of early term births (37, 38 weeks)

NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.2 - Neonatal mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.4 - Preterm-related mortality rate per 100,000 live births

Perinatal/Infant Health

State Action Plan Table (Oregon) - Perinatal/Infant Health - Entry 1

Priority Need

Improved maternal, infant, child, adolescent and family nutrition.

NPM

NPM 4 - A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months

Objectives

By Oct 1, 2020 increase the percent of infants who are ever breastfed from 93.5% to 94.4%; and increase the percent of infants breastfed exclusively through 6 months from 31.1% to 38.0%.

Strategies

Provide TA to local grantees on: breastfeeding strategy/measure selection, Title V plan and measure development, and implementation of strategies to promote breastfeeding.

Increase access to Workplace Breastfeeding Support

Increase the availability of breastfeeding support from professionals.

Increase the number of fathers, non-nursing partner and family members who learn about the importance of breastfeeding

Fill unmet needs for peer support of breastfeeding

Education/training of health care providers about breastfeeding

Education of pregnant women about breastfeeding

Increase support for breastfeeding in child care settings through policy, training, and workforce development

NOMs

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.5 - Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

Child Health

State Action Plan Table (Oregon) - Child Health - Entry 1

Priority Need

Physical activity throughout the lifespan.

NPM

NPM 8 - Percent of children ages 6 through 11 and adolescents 12 through 17 who are physically active at least 60 minutes per day

Objectives

By Oct 1, 2020 increase the percent of children and adolescents age 6-17 who are physically active at least 60 minutes per day from 34.2% to 36.5% by creating the context to support physical activity.

Strategies

Provide TA to local grantees on physical activity strategy/measure selection, Title V plan development, and strategies/measure implementation.

Support physical activity in child care settings through policy, training and workforce development.

Support physical activity before, during and after school; support the implementation of HB3141.

Provide TA to local health agencies working on strategies to promote physical activity (PA before, during, and after school; safe and active transportation, PA in childcare setting, community campaigns and clinical partnerships).

Promote community-wide campaigns for physical activity

Increase safe and active transportation options

Promote partnerships with clinical care providers to provide anticipatory guidance about physical activity, as recommended in the American Academy of Pediatrics Bright Futures Guideline.

Improve the physical environment for physical activity

NOMs

NOM 19 - Percent of children in excellent or very good health

NOM 20 - Percent of children and adolescents who are overweight or obese (BMI at or above the 85th percentile)

Adolescent Health

State Action Plan Table (Oregon) - Adolescent Health - Entry 1

Priority Need

High quality, confidential, preventive health services for adolescents

NPM

NPM 10 - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

Objectives

By Oct 1, 2020 increase the percent of adolescents ages 12 through 17 with a preventive medical visit in the past year from 74.2% to 83.0% through promotion of high quality, confidential, accessible, preventive services for adolescents.

Strategies

Provide TA to local grantees on adolescent well care strategy/measure selection, Title V plan development, and strategies/measure implementation.

Promote policies and practices to make youth health care more youth friendly. (State Level)

Raise awareness of the importance of adolescent well-care. (Local Level)

Increase outreach to key populations in the community. (Local Level)

Leverage SBHCs to conduct broader outreach within school and community. (Local Level)

Promote the practice of going beyond sports physicals to wellness exams

Develop and strengthen partnerships with public and private entities invested in adolescent health.

NOMs

NOM 16.1 - Adolescent mortality rate ages 10 through 19 per 100,000

NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19 per 100,000

NOM 16.3 - Adolescent suicide rate, ages 15 through 19 per 100,000

NOM 18 - Percent of children with a mental/behavioral condition who receive treatment or counseling

NOM 19 - Percent of children in excellent or very good health

NOM 20 - Percent of children and adolescents who are overweight or obese (BMI at or above the 85th percentile)

NOM 22.2 - Percent of children 6 months through 17 years who are vaccinated annually against seasonal influenza

NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine

NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine

NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine

Children with Special Health Care Needs

State Action Plan Table (Oregon) - Children with Special Health Care Needs - Entry 1

Priority Need

High quality, family-centered, coordinated systems of care for children and youth with special health care needs.

NPM

NPM 11 - Percent of children with and without special health care needs having a medical home

Objectives

- 1.1 By 06/2020, increase percent of families of CYSHCN receiving care in a well-functioning system.
- 1.2 By 09/2020, increase the number of CYSHCN receiving care in a PCPCH (medical home) by 20%.
- 1.3 By 06/2020, develop a measure of cross-systems, family-centered, actionable shared care plans for CYSHCN.
- 1.4 By 06/2020, increase the percent of CYSHCN who have a cross-systems, family-centered, actionable shared care plan.
- 1.5 By 06/2020, increase the percent of CYSHCN reporting they have community-based access to pediatric specialty care and other ancillary care needed.

Strategies

- 11.1. Support regional care integration by implementing a regional, team-based approach to cross systems care coordination based on modifying AHRQ's (2011) medical neighborhood strategy.
- 11.2. Improve CYSHCN family members' ability to better understand and actively participate in their child's health care decision-making by educating them about Medical Home concepts, REACH, SPOCs, HCT, and CLAS.
- 11.3. Improve payer and provider responsiveness to CYSHCN by providing or supporting workforce development opportunities focused on the CYSHCN population and their needs.
- 11.4. Enhance local community infrastructure to implement child health teams by providing consultation and technical assistance to CCNs to become self sustaining.
- 11.5. Integrate state systems of services for CYSHCN and their families through cross sector collaboration, workforce and system infrastructure development.
- 11.6. Conduct ongoing assessment of Oregon's CYSHCN by developing studies focused on subpopulations of CYSHCN.
- 11.7. Develop evidence that may show support for the benefit of care coordination for Oregon CYSHCN by designing a study to evaluate SPOC.

NOMs

- NOM 17.2 - Percent of children with special health care needs (CSHCN) receiving care in a well-functioning system
- NOM 19 - Percent of children in excellent or very good health
- NOM 22.1 - Percent of children ages 19 through 35 months, who completed the combined 7-vaccine series (4:3:1:3*:3:1:4)
- NOM 22.2 - Percent of children 6 months through 17 years who are vaccinated annually against seasonal influenza
- NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine
- NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine
- NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine

State Action Plan Table (Oregon) - Children with Special Health Care Needs - Entry 2

Priority Need

High quality, family-centered, coordinated systems of care for children and youth with special health care needs.

NPM

NPM 12 - Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care

Objectives

2.1 By 2020, increase percent of YSHCN receiving services necessary to transition from pediatric to adult medical care by 5%.

2.2 By 2018, increase number of YSHCN receiving assistance from PCPs in transition planning, making positive choices about health, and gaining skills to manage health.

2.3 By 2020, create a comprehensive, regionally-based shared resource directory of transition services for YSHCN.

Strategies

12.1. Increase the number of family members of YSHCN who are informed about HCT through community conversations and the dissemination of resources based on Got Transition materials.

12.2. Enhance cross systems care coordination for CYSHCN by building county public health workforce capacity to lead or participate in shared care planning that includes transition-aged youth.

12.3. Increase the capacity of adult providers to provide care for transitioning YSHCN by conducting professional development activities using Got Transition resources with 4 adult practices.

12.4. Increase pediatric provider awareness of transition services by incorporating HCT assessment in adolescent well visits.

NOMs

NOM 17.2 - Percent of children with special health care needs (CSHCN) receiving care in a well-functioning system

NOM 19 - Percent of children in excellent or very good health

Cross-Cutting/Life Course

State Action Plan Table (Oregon) - Cross-Cutting/Life Course - Entry 1

Priority Need

Improved oral health for pregnant women and children.

NPM

NPM 13 - A) Percent of women who had a dental visit during pregnancy and B) Percent of children, ages 1 through 17 who had a preventive dental visit in the past year

Objectives

By October 1, 2020 Increase the percent of women who had a dental visit during pregnancy by from 56.1% to 66%; and the percentage of children ages 1 through 17 who had a preventive dental visit in the past year from 77.0% to 80.0%.

Strategies

Provide TA to local grantees on oral health strategy/measure selection, Title V plan development, and strategies/measure implementation.

Integrate oral health into state Maternal and Child Health (MCH), Health Promotion, and Chronic Disease Prevention Programs.

Provide TA to local health agencies and tribes working on strategies to promote dental visits for pregnant women and children, (integrating oral health programs and services into home visiting, providing oral health education and case management for dental visits, and developing oral health coalitions).

Provide oral health services, education and referral/case management services through Oregon's Home Visiting system.

Provide oral health services during well-child visits as recommended in the American Academy of Pediatrics Bright Futures Guideline.

Collaborate with primary care providers to follow the American Congress of Obstetricians and Gynecologists (ACOG) oral health recommendations for pregnant women.

Educate pregnant women, parents/caregivers of children, and children 0-17 about oral health.

Develop oral health coalitions.

Conduct oral health assessment and surveillance.

Promote community water fluoridation.

NOMs

NOM 14 - Percent of children ages 1 through 17 who have decayed teeth or cavities in the past 12 months

NOM 19 - Percent of children in excellent or very good health

State Action Plan Table (Oregon) - Cross-Cutting/Life Course - Entry 2

Priority Need

Reduced tobacco use and exposure among pregnant women and children.

NPM

NPM 14 - A) Percent of women who smoke during pregnancy and B) Percent of children who live in households where someone smokes

Objectives

By October 1, 2020 decrease the percent of pregnant women who smoke during pregnancy from 10.3% to 8.4%; and decrease the percent of children who live in households where someone smokes from 20.9% to 15.0%.

Strategies

Provide TA to local grantees on smoking strategy/measure selection, Title V plan development, and strategies/measure implementation.

Provide 5As Intervention within MCH Programs including home visiting, Oregon MothersCare, family planning, and WIC.

Collaborate with CCOs, DCOs, and medical and early childhood/education providers to build prevention, screening and intervention processes into their work practices, including workforce training.

Collaborate with the Oregon Quit Line program to improve outreach and quit rates for pregnant and postpartum women.

Promote health insurance coverage benefits for pregnant and postpartum women and promote their utilization.

Develop customized programs for specific at-risk populations of women who are smokers and of reproductive age.

NOMs

NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

NOM 3 - Maternal mortality rate per 100,000 live births

NOM 4.1 - Percent of low birth weight deliveries (<2,500 grams)

NOM 4.2 - Percent of very low birth weight deliveries (<1,500 grams)

NOM 4.3 - Percent of moderately low birth weight deliveries (1,500-2,499 grams)

NOM 5.1 - Percent of preterm births (<37 weeks)

NOM 5.2 - Percent of early preterm births (<34 weeks)

NOM 5.3 - Percent of late preterm births (34-36 weeks)

NOM 6 - Percent of early term births (37, 38 weeks)

NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.2 - Neonatal mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.4 - Preterm-related mortality rate per 100,000 live births

NOM 9.5 - Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

NOM 19 - Percent of children in excellent or very good health

Priority Need

Safe and nurturing relationships; and stable, attached families.

Objectives

By October 1, 2020 decrease exposure to toxic stress/trauma and ACES and build foundations for resilience as measured by: a decrease from 43.9% to 40.0% in the percentage new mothers who experienced stressful life events before or during pregnancy; and an increase from 68.7% to 73.0% in the percentage of mothers of two year old children who have adequate social support.

Strategies

Review existing research/data, engage partners, and select a performance measure for toxic stress/trauma/ACEs.

Provide technical assistance to local Title V Grantees implementing toxic stress/trauma work in their communities.

Develop evidence-informed state and local level strategies to address toxic stress, trauma and ACEs in maternal and child health.

Promote family friendly policies that decrease stress and adversity for all parents, increase economic stability, and/or promote health.

Provide outreach and education on the importance of early childhood, NEAR science, and the impact of childhood adversity on lifelong health.

Develop community partnerships, inter-agency collaborations, and cross-systems initiatives to prevent/address ACEs and trauma and promote family and community resilience.

Conduct assessment, surveillance, and epidemiological research. Use data and NEAR science to drive policy decisions.

Develop a trauma-informed workforce and trauma-informed workplaces.

Identify children, youth and families experiencing adversity and connect them to needed supports and services.

Strengthen protective factors for individuals and families; support programs that build parent capabilities, social emotional competence, and supportive/nurturing relationships; and foster connection to community, culture and spirituality.

State Action Plan Table (Oregon) - Cross-Cutting/Life Course - Entry 4

Priority Need

Improved health equity and reduced MCH disparities.

Objectives

By October 1, 2020 improve cultural and linguistic accessibility of MCAH services as measured through an increase from 90.5% to 91.3% in the percentage of children age 0-17 who have a healthcare provider sensitive to their family's values and customs; and decrease the percent of new mothers who have ever experienced discrimination while getting any type of health or medical care from 12.5% to 11.7%.

Strategies

Review existing research/data, engage partners, and select a performance measure for CLAS work.

Develop a set of evidence-informed state and local level strategies and resources for addressing CLAS.

Provide technical assistance to local Title V Grantees implementing CLAS S work

Provide effective, equitable, understandable, and culturally responsive services

Develop and improve organizational policy, practices, and leadership to promote CLAS and health equity.

Establish CLAS/health equity goals, policies, and accountability and infuse them throughout the organization's planning and operations.

State Action Plan Table (Oregon) - Cross-Cutting/Life Course - Entry 5

Priority Need

Improved maternal, infant, child, adolescent and family nutrition.

Objectives

By Oct 1, 2020 decrease the percentage of Oregon households experiencing food insecurity from 16.1% to 15.3%; and decrease the percentage of households with children under 18 experiencing food insecurity from 19.2% to 18.4%.

Strategies

Review existing research/data, engage partners, and select a performance measure for food insecurity.

Provide technical assistance to grantees working on strategies to reduce food insecurity in local communities.

Develop a set of evidence-informed state and local level strategies for addressing food insecurity and impact on maternal, child and family health.

Screen clients for food insecurity and provide referrals for food assistance.

Support or provide food security education.

Promote access to healthy and affordable food.

Develop policy brief and logic model to support implementation of evidence-informed state and local strategies for addressing food insecurity and impact on maternal, child and family health.

Engage with state and local partners to enhance policies, systems and programs that address reduction of food insecurity in Oregon families.